

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO.

0348-0004

PAGE

OF

PAGES

1 8

1. TYPE OF
PAYMENT
REQUESTED

a. "X" one or both boxes

☐ ADVANCE

☒ REIMBURSE-
MENT

b. "X" the applicable box

☐ FINAL

☒ PARTIAL

2. BASIS OF REQUEST

☐ CASH

☒ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO
WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER
IDENTIFYING NUMBER ASSIGNED
BY FEDERAL AGENCY

Award #

1528

5. PARTIAL PAYMENT REQUEST
NUMBER FOR THIS REQUEST

DL01

6. EMPLOYER IDENTIFICATION
NUMBER

92-0074435

7. RECIPIENT'S ACCOUNT NUMBER
OR IDENTIFYING NUMBER

Duns 151804304

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

11-1-2017

TO (month, day, year)

11-30-2017

9. RECIPIENT ORGANIZATION

Name: Native Village of Chenega

Number
and Street: 3000 C St

City, State and ZIP Code: Anchorage, AK 99503

Name: Same

Number
and Street:

City, State
and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
	Boat Dock Safety Improvements			
a. Total program outlays to date (As of date)	11/30/17	\$ 65,661.65	\$	\$ 65,661.65
b. Less: Cumulative program income	0			0
c. Net program outlays (Line a minus line b)	65,661.65			65,661.65
d. Estimated net cash outlays for advance period	0			0
e. Total (Sum of lines c & d)	65,661.65			65,661.65
f. Non-Federal share of amount on line e	0			0
g. Federal share of amount on line e	65,661.65			65,661.65
h. Federal payments previously requested	0			0
i. Federal share now requested (Line g minus line h)	65,661.65			65,661.65
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month	0			0
2nd month	0			0
3rd month	0			0

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$ 0
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	0
c. Amount requested (Line a minus line b)	\$ 0

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL


DATE REQUEST
SUBMITTED

11-28-17

TYPED OR PRINTED NAME AND TITLE

Travis King Operations Manager

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

(907) 301-0831

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | Item | Entry | Item | Entry |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. | | as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. | 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. | 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. | 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. | 13 | Complete the certification before submitting this request. |
| Note: | The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | | |
| 11 | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use | | |

All ▾

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Prime ▾

89

Cart

Amanda, thank you for being a Prime member

Get a **\$70 Amazon.com Gift Card** instantly upon approval for the **Amazon Prime Rewards Visa Card**

Current Total: \$ 4,971.65
Savings: - \$ 70.00
Cost After Savings: \$ 4,901.65





Apply now

Subtotal (89 items): \$4,971.65☐ This order contains a gift





Proceed to checkout

or

[Sign in](#) to turn on 1-Click ordering.**Shopping Cart**

	Price	Quantity
 Solar Dock Light 8-pack JACKYLED Dock Path Road Long Service Time LED Light Bright white Weatherproof Wireless Outdoor Warning Step Lights for Driveway Garden Walkway Backyard Step by JACKYLED In Stock <input type="checkbox"/> This is a gift Learn more Delete Save for later	\$99.99	1
 Rubber Dock Bumper 48"x3"x4" by Rubbecycle In Stock <input type="checkbox"/> This is a gift Learn more Delete Save for later	\$38.00	54
 Dock Edge 2810-F Dock Cleat, 10" Galvanised by Dock Edge In Stock <input type="checkbox"/> This is a gift Learn more Delete Save for later	\$13.99	30
 Dock Fish Cleaning Fillet Table (48" x 21") by Teak Isle In Stock Shipped from: Teak Isle Gift options not available. Learn more Delete Save for later	\$599.99	4

Subtotal (89 items): \$4,971.65**Buy it again**

 Majestic Pure... 15,052 \$14.95 Add to Cart	
 Canon Color Ink/Paper... 135 \$29.00 Add to Cart	
 Tea Tree Oil - 74%... 1,377 \$14.95 Add to Cart	
 Wireless (Cordfree) Bed... 233 \$99.95 Add to Cart	

Saved for later (9 items)

 Zinus Quick Lock 14 Inch Metal Platform Bed Frame / Mattress Foundation / No Box Spring Needed, Full by Zinus In Stock FREE Shipping for Prime members Details Delete Move to Cart Move to Wish List	\$84.99
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ARCTIC SOLAR VENTURES

Arctic Solar Ventures

INVOICE

Date: November 10,
2017
INVOICE # 47

To: Chenega Future, Inc.
3000 C Street, Suite 200,
South Wing
Anchorage, Alaska
99503

Salesperson	Job	Shipping Method	Shipping Terms	Delivery Date	Payment Terms	Due Date
J. Savina	Solar Lighting			11/14/2017	Due on receipt	Due on receipt

Qty	Item #	Description	Unit Price	Discount	Line Total
16	LSL-40 Luce Solare	Solar Lighting (Lights)	\$56,688		\$29,600
16	RTSU Lithonia 9 Meter	Light Poles	\$27,088		\$27,088
Subtotal					\$56,688
Total					\$56,688

check 1
check 2

Make all checks payable to Arctic Solar Ventures, 3000 C Street, Suite 200, South Wing, Anchorage, Alaska 99503

Thank you for your business!

TMP Marine Products

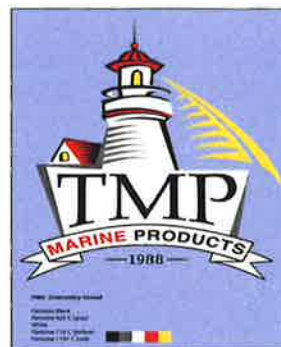
98 Canal Road
Port Jefferson Station, N.Y. 11776

Ph: (631) 473 - 0382

Fax: (631) 473 - 0382

Email: tmpmarineproduct@aol.com

www.tmpmarine.com



QUOTE FOR:

~~CHENEGA CORPORATION~~ *IRA Council*
ATTN: TRAVIS KING
3000 C STREET, SUITE 301
ANCHORAGE, ALASKA 99503
PH (907) 301 - 0831
tking@chenegafuture.com

Grant H 1528

QUOTE

QUOTE No: 2017-0707.Q10.91Revised
2017-0707.Q10.92Revised
2017-0707.Q10.93Revised

Date: November 9, 2017

Quote By: **Tony Pira**

PO #	Inv. #	Sales Rep	FOB	Ship Via	Terms	Tax ID	Est.Ship Date
		AMP		Best Way	PRE-PAID		

Qty.	Model	Description	Unit \$	Total
2	LRH-C	<ul style="list-style-type: none"> CHEYENNE LIFE RING CABINET YELLOW SELECT ENTRY OPTION: LOCKABLE "BREAK-GLASS", OR NON-LOCKING "T" HANDLE 30" COAST GUARD APPROVED LIFE RING and 90 FEET OF 5/16" ROPE with FLOAT WIND LATCH ATTACHED UV INHIBITING GEL COAT FINISH STAINLESS STEEL HARDWARE 	\$674.00	\$1,348.00
2	LRH-ST	<ul style="list-style-type: none"> CHEYENNE LIFE RING CABINET STAND UV INHIBITING GEL COAT FINISH 	\$210.00	\$420.00

Qty.	Model	Description	Unit \$	Total
2	FEH-L	<ul style="list-style-type: none"> CHEYENNE FIRE EXTINGUISHER CABINET 34-1/2"H x13-1/4"W x 8-3/4"D HOLDS 20# EXTINGUISHER SELECT ENTRY OPTION: LOCKABLE "BREAK-GLASS" or NON-LOCKING "T" HANDLE SELECT MOUNTING OPTION: DECK, RAIL, OR WALL MOUNT. (IF WALL PROVIDE WALL MATERIAL) RED (OTHER COLORS AVAILABLE) UV INHIBITING GEL COAT FINISH STAINLESS STEEL HARDWARE 	\$369.00	\$738.00
4	A1ASSL43.5	<ul style="list-style-type: none"> STANDARD STRAIGHT LADDER ALUMINUM 4 STEPS HOOP HANDLES 3-1/2" WIDE STEPS 	\$154.00	\$616.00
4	QRB	OPTIONAL ITEM FOR LADDERS: IF WANTED – ADD UNIT COST TO EACH LADDER ORDERED <ul style="list-style-type: none"> QUICK RELEASE BRACKET 	\$100.00	

This is a Quotation on the goods named above, subject to the conditions stated in the Quote.

Extended Total	
LRH & LRH-ST & FEH-L	\$2,506.00 USD
A1ASSL43.5	\$ 616.00 USD
Shipping – to Zip Code 99503	
LRH & LRH-ST & FEHL	\$ 450.00 USD
A1ASSL43.5 *Approximate Amount	\$ 430.00 USD
Sub Total	\$4,002.00 USD
Miscellaneous	\$
Tax	\$ OUT OF STATE
Deposit	\$ PRE-PAID
Balance Due if Paid via Cash / Check	\$4,002.00 USD
Balance Due if Paid via Credit Card	\$4,162.08 USD

*Tax will be determined at time of placing order

** If Tax Exempt – provide copy of Tax Certificate

Look over the Quotation and fill in/correct any information in the Heading above. If you want to place your order, check the Payment Method below, and include the necessary information, sign below and fax this form to TMP Marine Products – @ c/o Tony Pira - (631) 473 – 0382, E-mail tmpmarineproduct@aol.com or Mail to address at top of Quote.
For Wire Transfer Payment – contact TMP Marine Products for Bank Information.

PAYMENT METHODS: (All Prices U.S. Dollars)



Check the Payment Method You will use

- ☐ Pre-Paid via check
- ☐ Wire Transfer (add \$15 transfer fee)
- ☐ Visa / MasterCard / American Express / Discover - Add 4%
- ☐ I do not want to pay the Credit Card fee. I will supply my Credit Card information and then, send my check. If check is not received, you may run my Credit Card for Payment.
- ☐ NET 20 After Credit Approval – (First Order to be Pre-Paid)
- ☐ Company Purchase Order (provide copy of Purchase Order)

TERMS: PRE-PAID

Authorized and Accepted By: **Tony Pira** - TMP MARINE PRODUCTS

DATE: November 9, 2017

ACCEPTANCE of QUOTATION

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to supply the products specified / do the work as specified above. Payment will be made as outlined above in PAYMENT METHOD section.

THIS PROPOSAL IS GOOD FOR 30 DAYS FROM THE ABOVE DATE IN WHICH IT IS ISSUED.

Signature

Date

If you are using a credit card, fill out the form below and return to TMP Marine Products via -

E-mail: tmpmarineproduct@aol.com, or

Fax: (631) 473 - 0382, or

Mail: Send to address at top of Quote

CREDIT CARD INFORMATION

Place a (✓) Check Mark next to the CREDIT CARD you are using:

_____ VISA



_____ MASTER CARD



_____ AMERICAN EXPRESS



_____ DISCOVER



CARD NUMBER:

EXP. DATE:

3 DIGIT SECURITY CODE

NAME on CARD:

ZIP CODE FOR CREDIT CARD BILLING ADDRESS:

BILLING ADDRESS (If Different from Shipping Address)

NAME on CARD:

CITY

STATE:

ZIP

PHONE:

FAX:

E-mail ADDRESS: